



The patients with a total duration of RA up to 5 years are significantly more likely to experience asthenic-depressive and anxiety-phobic syndromes (47.3% vs. 21.5% and 20.0% vs. 4.6%, respectively,  $p<0.05$ ). With the increase in the duration of RA in the structure of these forms of NMD, anxiety-depressive (47.7% vs. 23.6%,  $p<0.01$ ) and depressive-hypochondrial syndromes (26.2% vs. 9.1%,  $p<0.05$ ) significantly prevail.

The proposed program is a comprehensive approach to the treatment of NMD against RA with the use of psychopharmacotherapy and integrative psychotherapy approaches (rational psychotherapy, autogenic training, elements of cognitive behavioral and gestalt therapy).

The targets of a complex influence (psychopharmacological and psychotherapeutic) are pathological emotional state with concomitant cognitive imbalance, individual-psychological deviations, and social interaction.

Participation in the program made it possible to improve the effectiveness of the treatment of NMD in RA by achieving regression of psychopathological phenomena of anxiety-depressive response ( $p<0.01$ ) and positive dynamics of quality of life in terms of physical and psychological functioning in comparison with patients in the control group. The conducted research has established that the inclusion of integrative psychotherapy in the complex of treatment of patients with NMD against the ground of RA enables to achieve significantly greater positive dynamics of psychopathological symptoms, as well as to improve the quality of life of patients and their social functioning.

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### **CHRONIC CEREBRAL ISCHEMIA AND COGNITIVE IMPAIRMENT (AN EFFECT OF COMPLEX THERAPY)**

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Cerebrovascular disease was of great interest in the 19-th and early 20-th centuries. Despite a fluctuating interest in stroke and cerebrovascular diseases from neurologists over the centuries, the number of physicians and researchers interested in stroke and its related technologies is currently on the rise, and the corresponding literature is expanding exponentially. From the early French neurologist, Max Durand-Fardel (1843) to Hachinski and colleagues (1974, 1975, 1987) a great deal was learned about vascular pathology and behavior. The last part of the 20-th century can be broadly characterized as the era of therapeutic revolution for stroke with the advent of new imaging techniques, stroke units, and thrombolysis. Although some investigators today believe that the future of stroke will be an age for new drugs, specifically for the acute phase or prevention, and an expansion of knowledge regarding endovascular interventions, stem cells, and genetic information, previous history has shown that the subject has often, and suddenly, developed in totally new directions.

The reviews of literature on vascular cognitive impairment (VCI) includes the diagnosis widely used in foreign neurological practice, as well as chronic cerebral ischemia (CCI) and dyscirculatory encephalopathy (DE), the common diagnoses in Ukrainian neurological practice. According to the etiology, risk factors, and manifestations, Stages I and II DE largely corresponds to moderate VCI; Stage III does to severe VCI.

The non-interventional observational program included the data of 123 outpatients with CCI who were on outpatient neurological treatment and received divaza, a combination of release-active antibodies to brain-specific protein and release-active antibodies to endothelial NO-synthase, in the dose of 2 tablets three times a day during 3 months.

Cognitive disorders were identified in 87.7% of patients (<26 MoCA scores). Cognitive functions were evaluated using the MoCA scale before and after 3 months of treatment. After treatment, the mean MoCA score increased from  $17.58\pm 5.13$  to  $22.67\pm 4.21$  ( $p<0.001$ ), the number of patients with normal cognitive functions rate ( $\geq 26$  scores) increased from 9.9 to 32.1%, the number of patients with marked cognitive impairment decreased. The drug was well-tolerated by



old and elderly patients, adverse reactions were observed rarely (0.6% of cases). The majority of doctors (82.4%) noticed the effect of divaza as significant improvement or improvement, and 87.6% of patients estimated the effect to be excellent or good. The use of divaza, the drug with endothelioprotective and nootropic effects, is pathogenetically justified and promising in patients with cognitive disorders of vascular etiology.

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### **GENDER DIFFERENCES OF ALEXITHYMIA LEVEL IN STUDENTS WITH NON-PSYCHOTIC PSYCHIC DISORDERS**

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Importance of contemporary researches associated with alexithymia at young age is determined by the necessity to change curricula and look for new forms of psychological support directed to social adaptation and harmonious individual development of students.

Objective: to examine alexithymia level in students with non-psychotic psychic disorders depending on gender and diagnosis.

During 2015-2017 keeping to the principles of bioethics and deontology a comprehensive examination of 1235 students was conducted. The following methods were applied: clinical, clinical-psychopathological, clinical-epidemiological, clinical-anamnestic, experimental-psychological and statistical.

The study conducted has given the following results. Primary examination of a general group found a high level of alexithymia in 204 (16,52%) students, after repeated examination this number was 176 (14,52%) ( $t=0,61$ ). Analysis of a gender aspect of alexithymia in general sampling found that a high level of alexithymia was mostly peculiar for men – 65 (17,81%) as compared with 139 (15,98%) women. Occurrence of a high level of alexithymia was analyzed among the students with non-psychotic psychic disorders. The patients with neurotic disorders associated with stress and somatoform disorders were found to be the most prone to alexithymia manifestation (F 40.0-48.1) – 55,12%. Those with behavioral syndromes associated with physiological disorders and physical factors were found to be least susceptible (F 50.0-51.4) – 7,87%.

Considering a considerable value of alexithymia in the formation of non-psychotic psychic disorders screening is recommended to be made in order to find clinically important levels of alexithymia for young people in the course of planned medical check-ups.

**Блажіна І.Ю.**

### **ПРОБЛЕМА КОГНІТИВНИХ РОЗЛАДІВ ПРИ ЕПІЛЕПСІЇ**

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Епілепсія – хронічне, поліетіологічне захворювання, яке характеризується стійкою схильністю до виникнення епілептичних нападів, а також нейробіологічними, когнітивними, психологічними та соціальними наслідками цього стану. Епілепсія є одним з найбільш розповсюджених нервово-психічних захворювань.

Захворювання характеризується гетерогенністю клінічних проявів. У всьому розмаїтті психічної патології при епілепсії виділяють: власне когнітивні порушення, епілептичні психози, зміни емоційно-афективної сфери, obsesивно-компульсивні розлади, тривожні та панічні стани, епілептичні енцефалопатії.

Згідно DSM-5 до когнітивних розладів належить зниження в порівнянні з преморбідним рівнем, однієї чи декількох вищих мозкових функцій, які забезпечують процеси сприйняття, збереження, переробки та передачі інформації. До основних когнітивних функцій належать: сприйняття, увага, пам'ять, праксис, мова, керівні функції та